



OFFICE USE ONLY
Date: _____
Application #: _____

DEMOLITION PERMIT APPLICATION

1) Property owner: _____
Mailing Address: _____
Phone #: _____ Email Address: _____

2) Site Location: _____
Tax Map Section: _____ Block: _____ Lot: _____

3) Dimensions of structure: Depth: _____ Width: _____ Height: _____ Total square feet: _____
Number of stories: _____ Type of structure: _____

*ATTACH PHOTOS OF THE STRUCTURE OR PART OF THE STRUCTURE THAT IS BEING DEMOLISHED

4) Builder/Contractor name: _____
Mailing Address: _____
Phone #: _____ Email Address: _____

**YOU HAVE THIRTY (30) DAYS TO TAKE THE ABOVE STRUCTURE
DOWN AND SIXTY (60) DAYS TO CLEAN IT UP IN ITS ENTIRETY.**

Date

Signature of Applicant/Builder/Contractor

Date

Signature of Owner

Date

Code Enforcement Officer